Fill in this information to identify the case:

Debtor name Fraleg Jefferson Corp._____

United States Bankruptcy Court for the: Eastern_____ District of New York
(State)

Case number (If known): 24-41125-ess_____

❑ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals   **12/15**

Part 1:	Summary of Assets

1. *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)

   1a. **Real property:**
   Copy line 88 from *Schedule A/B*.. $ 4,200,000.00

   1b. **Total personal property:**
   Copy line 91A from *Schedule A/B*.. $ 0.00

   1c. **Total of all property:**
   Copy line 92 from *Schedule A/B*... $ 4,200,000.00

Part 2:	Summary of Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
   Copy the total dollar amount listed in Column A, *Amount of claim,* from line 3 of *Schedule D*... $ 4,200,000.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

   3a. **Total claim amounts of priority unsecured claims:**
   Copy the total claims from Part 1 from line 5a of *Schedule E/F*.. $ 0.00

   3b. **Total amount of claims of nonpriority amount of unsecured claims:**
   Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.. + $ 0.00

4. **Total liabilities**.. $ 4,200,000.00
   Lines 2 + 3a + 3b

Fill in this information to identify the case:

Debtor name ___Fraleg Jefferson Corp._____

United States Bankruptcy Court for the:_ Eastern_____ District of New York
                                                                    (State)
Case number (If known): 24-41125-ess_____

❑ Check if this is an
amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

---

1. Does the debtor have any codebtors?

❑ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: **Codebtor**		*Column 2:* **Creditor**	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.1	Andy Alege	195 St. James Place Street Brooklyn NY 11238 City State ZIP Code	IRP Fund II Trust 2A	☒ D ❑ E/F ❑ G
2.2	Andy Alege	195 St. James Place Street Brooklyn NY 11238 City State ZIP Code	Wilmington Trust, NA	☒ D ❑ E/F ❑ G
2.3	_____	_____ Street _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.4	_____	_____ Street _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.5	_____	_____ Street _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.6	_____	_____ Street _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G

Debtor Fraleg Jefferson Corp.
        _____
        Name

Case number (*if known*)_____

		Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: **Codebtor**		*Column 2:* **Creditor**	
Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G
2.__ _____	_____ Street _____ _____ City State ZIP Code	_____	❑ D ❑ E/F ❑ G

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK
_____X

In re:

                                    Chapter 11

FRALEG JEFFERSON CORP,

                                    Case No.: 24-41125-ess

dba Fraleg Quincy Corp,
dba 931 Lincoln Place Corp,

                     Debtor.
_____X

LIST OF EQUITY SECURITY HOLDERS

1. Andy Alege   195 St. James Place   100 Shares
                               Brooklyn, New York 11236

2. Krishawn Sampson   969 East 104th Street   100 Shares
                               Brooklyn, New York 11236

Fill in this information to identify the case:

Debtor   Fraleg Jefferson Corp.

United States Bankruptcy Court for the: _____ District of _____
                                                  (State)

Case number   24-41125-ess
(If known)

❑ Check if this is an
     amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims   **12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* **(Official Form 206A/B***)* **and on** *Schedule G: Executory Contracts and Unexpired Leases* **(Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.**

Part 1:   List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

    ☒ No. Go to Part 2.

    ❑ Yes. Go to line 2.

2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	**Priority amount**

2.1   **Priority creditor's name and mailing address**
_____
_____
_____

    As of the petition filing date, the claim is: $_____ $_____
    Check all that apply.
    ❑ Contingent
    ❑ Unliquidated
    ❑ Disputed

Date or dates debt was incurred
_____

    Basis for the claim:
    _____

Last 4 digits of account number   ___ ___ ___ ___

    Is the claim subject to offset?
    ❑ No
    ❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2.2   **Priority creditor's name and mailing address**
_____
_____
_____

    As of the petition filing date, the claim is: $_____ $_____
    Check all that apply.
    ❑ Contingent
    ❑ Unliquidated
    ❑ Disputed

Date or dates debt was incurred
_____

    Basis for the claim:
    _____

Last 4 digits of account number   ___ ___ ___ ___

    Is the claim subject to offset?
    ❑ No
    ❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2.3   **Priority creditor's name and mailing address**
_____
_____
_____

    As of the petition filing date, the claim is: $_____ $_____
    Check all that apply.
    ❑ Contingent
    ❑ Unliquidated
    ❑ Disputed

Date or dates debt was incurred
_____

    Basis for the claim:
    _____

Last 4 digits of account number   ___ ___ ___ ___

    Is the claim subject to offset?
    ❑ No
    ❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Debtor _____   Case number (*if known*)_____
Name

Part 1.	Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.	Total claim	Priority amount

2._ **Priority creditor's name and mailing address**

$_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ **Priority creditor's name and mailing address**

$_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ **Priority creditor's name and mailing address**

$_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ **Priority creditor's name and mailing address**

$_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Debtor   Fraleg Jefferson Corp._____   Case number (*if known*)_____
          Name

<table>
<tr><td colspan="2">Part 2:</td><td colspan="2">List All Creditors with NONPRIORITY Unsecured Claims</td></tr>
</table>

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 **Nonpriority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

$_____

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.2 **Nonpriority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

$_____

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.3 **Nonpriority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

$_____

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.4 **Nonpriority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

$_____

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.5 **Nonpriority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

$_____

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.6 **Nonpriority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

$_____

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Debtor Fraleg Jefferson Corp_____   Case number (*if known*)_____
         Name

Part 2:	**Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	**Amount of claim**

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed
❑ Liquidated and neither contingent nor disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Debtor   Fraleg Jefferson Corp_____   Case number (*if known*)_____
Name

| Part 3: | List Others to Be Notified About Unsecured Claims |

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

   If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.2. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.3. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.4. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
41. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.5. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.6. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.7. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.8. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.9. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.10. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —
4.11. _____ _____	Line _____ ☐ Not listed. Explain _____ _____	— — — —

Debtor   Fraleg Jefferson Corp._____   Case number (*if known*)_____
Name

Part 3:	Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —
4.__ _____ _____ _____	Line ____ ❑ Not listed. Explain _____ _____	— — — —

Debtor   Fraleg Jefferson Corp._____   Case number (*if known*)_____
          Name

| Part 4: | Total Amounts of the Priority and Nonpriority Unsecured Claims |

5. Add the amounts of priority and nonpriority unsecured claims.

<div style="text-align:center">Total of claim amounts</div>

5a. **Total claims from Part 1**   5a. $__-0.00-_____

5b. **Total claims from Part 2**   5b.   **+** $ -0.00-_____

5c. **Total of Parts 1 and 2**   5c. $__-0.00-_____
     Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name ___Fraleg Jefferson Corp_____

United States Bankruptcy Court for the:__Eastern_____ District of __New York__
(State)

Case number (If known): _____   Chapter __11__

❑ Check if this is an
amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases   12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. **Does the debtor have any executory contracts or unexpired leases?**

   ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

   ❑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1 State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____ _____ _____
2.2 State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____ _____ _____
2.3 State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____ _____ _____
2.4 State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____ _____ _____
2.5 State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____ _____ _____

Debtor   Fraleg Jefferson Corp.   _____   Case number (*if known*)_____
          Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____

2._   **State what the contract or lease is for and the nature of the debtor's interest**   _____   _____

       State the term remaining   _____

       List the contract number of any government contract   _____   _____